

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735982

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** UPPER PINELLAS COUNTY DENTAL SOCIETY, INC.

**Current Principal Place of Business:**

5122 WHISPERING LEAF TRL  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 611  
BRANDON, FL 33509

**New Mailing Address:**

**FEI Number:** 59-1720168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLAUDIO, REINALDO  
2720 PARK DR  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

LISSETTE, ZUKNICK M EX SECT  
5122 WHISPERING LEAF TRL  
VALRICO, FL 33594 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LISSETTE ZUKNICK

02/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: JAMES, CARAZOLA DR.  
Address: 3003 ENTERPISE RD  
City-St-Zip: CLEARWATER, FL 33759

Title: 1VP  
Name: KRISTIN, BURCH DR  
Address: 4854 RIDGEMOOR BLVD  
City-St-Zip: PALM HARBOR, FL 33759

Title: S  
Name: MENENDEZ, OSCAR DR  
Address: 2682 W LAKE RD  
City-St-Zip: PALM HARBOR, FL 34684

Title: VP  
Name: HALLER, ROBERT  
Address: 3165 MCMULLEN BOOTH RD #A2  
City-St-Zip: CLEARWATER, FL 33761

Title: P  
Name: CLAUDIO, REINALDO DR  
Address: 2720 PARK DR  
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OSCAR MENENDEZ

S

02/17/2010

Electronic Signature of Signing Officer or Director

Date